



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)  
VOLUNTARY PLACEMENT/FOSTER CARE PROGRAM

## SPECIALIZED SUPPORT DOCUMENTATION

SPECIAL RATE			
CHILD'S NAME		AGE	CASE NUMBER
SOCIAL WORKER'S NAME		CURRENT FOSTER HOME	
DATE ATTENDED FOSTERPARENTSCOPE *	FOSTER PARENTS WHO HAVE NOT PREVIOUSLY RECEIVED THE SPECIAL RATE MUST ATTEND. WAIVERS TO THIS REQUIREMENT MAY BE GRANTED BY THE "DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS) REGIONAL ADMINISTRATOR.		
DOCUMENTATION/APPROVAL			
<b>BEHAVIORAL/EMOTIONAL PROBLEMS:</b> Children who most often could be considered as having behavioral/emotional problems are children who exhibit at least three (3) of the following.			
<input type="checkbox"/> 1. Regular use of an illicit drug; describe:			
<input type="checkbox"/> 2. Regular overindulgence of alcohol; describe:			
<input type="checkbox"/> 3. Poor school adjustment and/or truancy; describe:			
<input type="checkbox"/> 4. Sexual acting out; describe:			
<input type="checkbox"/> 5. Frequent shoplifting and/or other theft; describe:			
<input type="checkbox"/> 6. Habitual running away; describe:			
<input type="checkbox"/> 7. Demonstrated property destruction in own home and/or foster home; describe:			
<input type="checkbox"/> 8. Regular peer conflict which may require action by foster parent; describe:			
<input type="checkbox"/> 9. Significant sleep problems which may cause disruption in the normal sleeping patterns of foster parents; describe:			
<input type="checkbox"/> 10. Destructive attention seeking behavior which may demand extra attention by foster parents; describe:			
<input type="checkbox"/> 11. Frequent noncompliance with requests of parents, teacher or other authority figures; describe:			
<input type="checkbox"/> 12. Failure to use normal cautions in using potentially flammable substances; describe:			
<input type="checkbox"/> 13. Soiling and enuresis over age six; describe:			
<input type="checkbox"/> 14. Extremely bizarre behavior, such as frequently displaying odd facial grimaces, bizarre eating habits, seems to or reports hearing voices/noises, responds to internal stimuli, and is withdraw and fearful of adults; describe:			

**CHILDREN WITH INTELLECTUAL/PHYSICAL CHALLENGES OR DISABILITIES**

- ☐ 1. Requires the physical assistance of foster parent in feeding, dressing, bathing or toileting; describe:
- ☐ 2. Needs the physical help of foster parent in order to be mobile; describe:
- ☐ 3. Needs regular and organized physical therapy by foster parent under the order/direction of a professional; describe:
- ☐ 4. Needs medication administered by foster parent on a regular basis per physician's orders; describe:
- ☐ 5. Needs physical assistance by foster parent for drainage of ileum conduit, colostomy; describe:
- ☐ 6. Requires suctioning, mist tent, etc., care which is provided by a foster parent; describe:
- ☐ 7. Is non-ambulatory; describe:
- ☐ 8. Is a child diagnosed with epilepsy and who has uncontrollable seizures; describe:
- ☐ 9. Is awaiting voluntary placement; describe:
- ☐ 10. Habitually wanders unless closely supervised; describe:
- ☐ 11. Failure-To-Thrive below third percentile; describe:
- ☐ 12. Children born addicted to drugs, requiring additional care and support during the withdrawal period; describe:

SIGNATURE OF SOCIAL WORKER

DATE

**SPECIAL RATE APPROVED**

FROM TO (Not to exceed six months)

AMOUNT

\$

APPROVING SUPERVISOR'S SIGNATURE

DATE

FOSTERPARENTSCOPE WAIVE REQUESTED: ☐ Yes ☐ NoAUTHORIZED APPROVAL: ☐ Approved ☐ Denied

APPROVING SUPERVISOR'S SIGNATURE

DATE